Smokeless tobacco (SLT) usage is a global public health concern with significant effects on oral health, including oral cancer, periodontitis, cardiovascular diseases, and increased mortality rates. Awareness of its harmful effects must increase within populations with high prevalence of SLT use.

A 34-question survey was completed by 61 dental professionals within the South Texas Oral Health Network (STOHN). The questionnaire included inquiries about participants’ demographic information, as well as their knowledge, attitudes, and beliefs regarding SLT products.

- 61 dental professionals completed the survey, 72% were dentists while 28% were dental hygienists.
- Nearly half (56%) reported having a moderate amount of knowledge about SLT while others, a lot (26%), an extensive amount (18%), and a little (0%).

To contribute to community oral health by addressing SLT use through targeted interventions, emphasizing the importance of SLT cessation program training to improve overall health outcomes.

The impact of cultural factors on SLT use due to a lack of awareness about their harmful effects.

Practitioners who utilize the “5 A’s” method are more likely to “ask” and “advise” their patients about quitting smokeless tobacco rather than “assess”, “assist”, or “arrange”.

### PRACTITIONERS FAMILIARITY WITH TYPES OF SMOKELESS TOBACCO PRODUCTS

- **Paan (18%)**
  - A traditional South Asian preparation consisting of betel leaf filled with areca nut and other ingredients, often chewed for its stimulant and psychoactive effects.

- **Snuff (89%)**
  - A finely ground or powdered smokeless tobacco product that is typically sniffed or inhaled through the nose.

- **Dip (92%)**
  - A form of smokeless tobacco consumed by placing a moist, finely ground tobacco product between the cheek and gum, releasing nicotine through oral absorption.

- **Chewing tobacco (96%)**
  - A form of smokeless tobacco consumed by placing a wad of tobacco between the cheek and gum, allowing the nicotine to be absorbed through the oral mucosa.

The rising oral health risks, including increased cancer risk, highlight the urgent need to address this public health concern.

88% reported they disagree that most patients who use smokeless tobacco want cessation counseling. 87% agreed or strongly agreed they were willing to improve how they provide cessation services. 25% strongly agreed and 30% agreed that they feel so strongly that SLT cessation is critical to their patients’ health they will assist them without regard to any barriers.

Support for this work was made possible with an IIMS Community Engagement Small Project Grant Award from the Institute for the Integration of Medicine & Science at UT Health San Antonio.